



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS

**MINIMUM WAGE COMPLAINT FORM**

**Sections 290.500 through 290.530 RSMo**

Mail completed form to:  
Division of Labor Standards  
Attn: Minimum Wage Program  
P.O. Box 449, Jefferson City, MO 65102-0449  
Phone: 573-751-3403 Fax: 573-751-3721  
E-mail: [minimumwage@dolir.mo.gov](mailto:minimumwage@dolir.mo.gov)  
Website: [www.labor.mo.gov/lis/minimumwage](http://www.labor.mo.gov/lis/minimumwage)

Complainant Name *(please print)* \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone No. ( ) \_\_\_\_\_ Alternate Telephone No. ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Type of Complaint** *(Please check all appropriate boxes.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Underpayment of wages | <input type="checkbox"/> Last Paycheck NOT Received – By signing the verification below, I waive my |
| <input type="checkbox"/> Tipped Employee       | right of confidentiality pursuant to Section 290.520 and authorize the Division of                  |
| <input type="checkbox"/> Overtime compensation | Labor Standards to use my name during the investigation of my complaint.                            |

Name of Employer \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No.(s) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Website \_\_\_\_\_

Period employed with this company (month, day, year) From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Employment \_\_\_\_\_

**Supporting Documentation** *(Please attach the following documents.)*

- ☐ Check stubs/copies of payroll checks  
☐ Other information *(any supporting documentation)*

**SUMMARY OF COMPLAINT** *(Use additional sheets, if necessary.)*

Please provide a brief description of your job duties.

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**STATEMENT OF VERIFICATION**

I, \_\_\_\_\_ *(signature)*, do hereby affirm under penalties of perjury that the above-stated information is true and correct to the best of my knowledge, information and belief.